

FIA ACTION TRANSMITTAL

Control Number: 19-14

Effective Date: Immediately

Issuance Date: April 2, 2019

TO:

DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES

DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT

FAMILY INVESTMENT SUPERVISORS

FROM:

NETSANET KIBRET, EXECUTIVE DIRECTOR

RE:

TDAP MEDICAL REPORT FORM 500-C

PROGRAMS AFFECTED:

TEMPORARY DISABILITY ASSISTANCE PROGRAM

(TDAP)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

Summary

TDAP is a state-funded cash assistance program for a customer with an impairment that will last at least three months and will prevent the customer from working. For the purposes of Temporary Disability Assistance Program (TDAP), the type of impairment does not impact program eligibility.

Action Required

The previous TDAP Medical Report Form 500-C captured whether a customer is unable to work due to a mental illness, a learning disability, violent behaviors, or a visual impairment. The new TDAP Medical Report Form 500-C form includes a new section whereby the healthcare provider may indicate if a physical impairment other than a visual impairment prevents the customer from working.

FIA updated the TDAP Medical Report Form 500-C as follows:

 Adding a statement to capture whether a customer's impairment prevents the customer from working regardless of the type of impairment (Section C continues to allow the healthcare provider to indicate the conditions for which the customer is treated); and 2) Updating Section D so that the healthcare provider can indicate if the customer can work regardless of the type of impairment.

Moving forward, case managers must use the current TDAP Medical Form 500-C when processing a TDAP application. All previous versions of the form are obsolete.

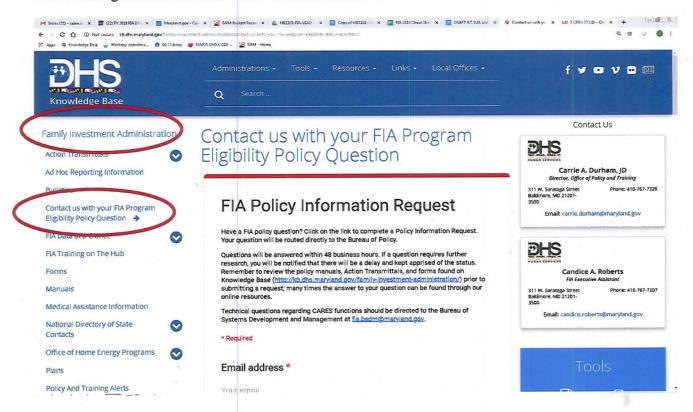
Note: The TDAP Medical Report Form 500-C is for TDAP cases only.

Attachment

TDAP Medical Report Form 500-C (revised 4.2019)

Inquiries

For policy-related questions, please complete the <u>FIA Policy Information Request Form</u> found on Knowledge Base as shown in the screenshot below.



cc: DHS Executive Staff
FIA Management Staff
Constituent Services
DHS Help Desk

Family Investment Administration: TDAP Medical Report Form 500-C

		Department of Social Services
	in its services, programs, activities, education	mitted to providing access and reasonable accommodation and employment for individuals with disabilities. If you able accommodation, please contact your case manager or
	Local District Office:	Date:
	Case Manager:	Phone Number:
	Customer's Name:	Customer ID#:
The information provided on this form is used to determine eligibility for Maryland's Temp Assistance Program (TDAP).		to determine eligibility for Maryland's Temporary Disability
Α.	A. Patient Information:	
	Name of Patient:	Date of Birth:
	Address:	
	Health Provider	
В.	B. Dates of Examinations: First Visit:	Last Visit:
C	C. Information About Impairment(s):	
Ο.		impairment:
	Provide the clinical diagnosis and name of	impairment:
-		
-		
-		
L		
).	. Health status:	
	Does this individual have a substance abu If yes, do other medical conditions exist	
		/mental/emotional impairment ? □ YES □ NO n to prevent the patient from working, participating in a work, □ YES □ NO

D.

	e expected to last at least 3 months? YES NO
If yes, can the individual's in	npairment be expected to last at least 12 months or more? □YES □ NO
Please give the length of time the par	ient's impairment <u>is expected</u> to last.
	/ / to /
Month	_//to// Day Year Month Day Year
E Places add community or also	
E. Please add comments or cla	rifications nere.
determine impairment, and independ conditions, and who is providing serv board.	with independent diagnostic authority, who is authorized to evaluate, ently treat medical, mental and/or emotional disorders and ices according to the requirements of the appropriate professional
Signature:	Print Name:
	License #:
Health Care Practice Name and Add	lress:
Data	
Date:Phor	e